

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): <u>Alain Marie, et al.</u>			<u>14X700134 (GEM-0084)</u>
Serial No. <u>10/033,868</u>	Filing Date <u>December 19, 2001</u>	Examiner <u>Eric S. McCall</u>	Group Art Unit <u>2855</u>

Invention: MAMMOGRAPHY APPARATUS AND METHOD**RECEIVED
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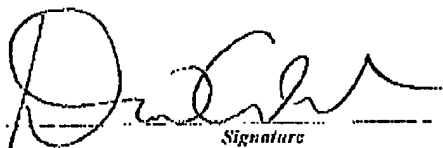
JUL 21 2004

OFFICIALI hereby certify that this Amendment Transmittal Letter and Amendment (12 pgs.)
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on July 21, 2004
(Date)Mary Forcier

(Typed or Printed Name of Person Signing Certificate)

Mary Forcier
(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 14XZ00134 (GEM-0084)		
Applicant(s): Alain Marie, et al.					
Serial No. 10/033,868	Filing Date December 19, 2001	Examiner Eric S. McCall	Group Art Unit 2855		
Invention: MAMMOGRAPHY APPARATUS AND METHOD					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: July 21, 2004		
David Arnold, Reg. No. 48, 894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

P11LARGE/REV03

Serial Number 10/033,868
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VIA FACSIMILE (703) 872-9306

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alain Maric et al.) Confirmation No. 1273
Serial No.: 10/033,868)
Filed: December 19, 2001) Group Art Unit: 2855
Docket No. 14XZ00134 / GEM-0084) Examiner: Eric S. McCall
For: MAMMOGRAPHY APPARATUS AND METHOD

July 21, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This is in response under 37 CFR §1.111 to the Office Action dated May 21, 2004, issued in the above-identified application, wherein Applicant requests reconsideration and entry in view of the following amendment and remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

CERTIFICATE OF MAILING OR TRANSMISSION

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NameMacy Forcier
SignatureJuly 21, 2004
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